



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

GULF COAST MEDICAL EVALUATIONS
1805 NORTHERN DR
LEAGUE CITY TX 77573

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

METROPOLITAN TRANSIT AUTHORITY HARRIS CO

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-11-2698-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "It has come to my attention that your company is denying the above mentioned date's of service because required documentation is needed to support or meet the criteria for this testing. I have researched the fee guidelines and all of the criteria needed have been met. I have again attached the original documentation submitted upon initial billing. This is an FCE report and all of the results are documented thoroughly in this report."

Amount in Dispute: \$816.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Self-insured has denied the bill in its entirety because the provider failed to properly document the level of service required for a functional capacity evaluation. Attached is a memorandum of Danielle Black of Starr Comprehensive Solution explaining the denial and the deficiencies in the documentation and the FCE testing itself. Self-insured maintains its position that reimbursement is not owed for these services."

Response Submitted by: Flahive, Ogden & Latson; PO Box 13367; Austin TX 78711

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 15, 2010	97750-FC	\$816.00	\$ 0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.204 sets out the fee guidelines for the reimbursement of workers' compensation specific codes, services and programs provided on or after March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated December 13, 2010

- 150 – Payment adjusted because the payer deems the information submitted does not support this level of service.
- Comments: 150 – DOCUMENTATION SUBMITTED DOES NOT SUPPORT THE LEVEL OF SERVICE. Per DWC rule 134.202(g): FCEs shall also include the following elements: (1) A physical examination and neurological evaluation, which include the following: (A) appearance (observation and palpation); (B) flexibility of the extremity joint or spinal region (usually observational); (C) posture and deformities; (D) vascular integrity; (E) neurological tests to detect sensory deficit; (F) myotomal strength to detect gross motor deficit; and (G) reflexes to detect neurological reflex symmetry; and (3) Functional abilities test, which include the following: (C) submaximal cardiovascular endurance tests which measure aerobic capacity using stationary bicycle or treadmill.

Explanation of benefits dated January 31, 2011

- 150 – Payment adjusted because the payer deems the information submitted does not support this level of service.
- 193 - Original payment decision is being maintained. The claim was processed properly the first time
- Comments: 193 – REPORT DOES NOT SUPPORT THE ABOVE MENTIONED REQUIREMENTS WERE MET AND STEP TEST USED INSTEAD OF REQUIRED BICYCLE OR TREADMILL FOR SUBMAXIMAL CARDIOVASCULAR ENDURANCE TEST.
- 150 - Documentation submitted does not support the level of service required for a FCE. Per DWC rule 134.204(g): FCEs shall also include the following elements: (1) A physical examination and neurological evaluation, which include the following: (A) appearance (observation and palpation); (B) flexibility of the extremity joint or spinal region (usually observational); (D) vascular integrity; (E) neurological tests to detect sensory deficit; (G) reflexes to detect neurological reflex symmetry; and (3) Functional abilities test, which include the following: (C) submaximal cardiovascular endurance tests which measure aerobic capacity using stationary bicycle or treadmill.

Issues

1. Did the requestor document the following required elements of an FCE per 28 Texas Administrative Code §134.204(g): Physical examination and neurological evaluation to include: appearance (observation and palpation); flexibility of the extremity joint or spinal region (usually observational); posture and deformities; vascular integrity; neurological tests to detect sensory deficit; myotomal strength to detect gross motor deficit; reflexes to detect neurological reflex symmetry; and submaximal cardiovascular endurance tests using stationary bicycle or treadmill as part of the functional abilities tests?
2. Is the requestor entitled to reimbursement?

Findings

1. The insurance carrier's original explanation of benefits included a denial reason for no documentation of posture and deformities and myotomal strength to detect gross motor deficit and submaximal cardiovascular endurance tests using stationary bicycle or treadmill as part of the functional abilities tests. Upon reconsideration, this denial reason for these particular required tests was not maintained by the insurance carrier; therefore, these will not be addressed in this review.
2. The documentation submitted by the requestor in this dispute was reviewed. 28 Texas Administrative Code §134.204(g) states that "The following applies to Functional Capacity Evaluations (FCEs): Documentation is required. FCEs shall include the following elements:
(1) A physical examination and neurological evaluation, which include the following:
(A) appearance (observational and palpation);
(B) flexibility of the extremity joint or spinal region (usually observational);
(C) posture and deformities;
(D) vascular integrity;
(E) neurological tests to detect sensory deficit;

(F) myotomal strength to detect gross motor deficit; and

(G) reflexes to detect neurological reflex symmetry.

(2) Physical capacity evaluation of the injured area, which includes the following:

(A) range of motion (quantitative measurements using appropriate devices) of the injured joint or region; and

(B) strength/endurance (quantitative measures using accurate devices) with comparison to contralateral side or normative database. This testing may include isometric, isokinetic, or isoinertial devices in one or more planes.

(3) Functional abilities tests, which include the following:

(A) activities of daily living (standardized tests of generic functional tasks such as pushing, pulling, kneeling, squatting, carrying, and climbing);

(B) hand function tests that measure fine and gross motor coordination, grip strength, pinch strength, and manipulation tests using measuring devices;

(C) submaximal cardiovascular endurance tests which measure aerobic capacity using stationary bicycle or treadmill; and

(D) static positional tolerance (observational determination of tolerance for sitting or standing)."

No documentation was found to sufficiently support a physical examination and neurological evaluation to include appearance, flexibility of the extremity joint or spinal region, vascular integrity, neurological tests to detect sensory deficit; reflexes to detect neurological reflex symmetry; and documentation supports that a bench step was used instead of the required stationary bicycle or treadmill.

3. The documentation requirements of an FCE were not met; therefore no reimbursement can be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that no reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to \$0.00 reimbursement for the services involved in this dispute.

Authorized Signature

_____	_____	February _____, 2012
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.